MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								10/574594 APR 04 2006 APPLICANT(S)						
		٠.	·				CLAIM	S				<u> </u>		
	AS FILED		AFTER 1°AMENDMENT		AFTER 2"AMENDMENT			٠	AS FILED		AFTER		AFTER	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.		DEP.	IND.	
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TOTAL DRP.	·——·	(12	+		+	F	TOTAL DEP.		4		4		_
TOTAL CLAIMS			13					TOTAL CLAIMS				7		
PTO - (365	(REY. 11.04)								U.	S. DEPART	MENT of CO	MMBRCE		